

# NCYC Registration Form NCYC 2019—Diocese of Covington



Dept. of Catechesis and Faith Formation, 1125 Madison Avenue, Covington, KY 41011-3115. In order to complete individual registrations every field below must be filled out.

First Name:		Middle Initial:	Last Name:
Nickname, or Name Preferred on Badge:			
Mailing Address:		Date of Birth:	
City:	State:	Zip Code:	
Participant's email address:		Participants Cell Phone:	
Registration Type: <input type="radio"/> Adult <input type="radio"/> Youth		Gender: <input type="radio"/> Female <input type="radio"/> Male	
Ethnicity: <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Native American		<input type="radio"/> White <input type="radio"/> Multi-Ethnic <input type="radio"/> Unknown <input type="radio"/> Other	
Emergency Contact Name:		Emergency Contact Phone:	
Special Role: (Select One)		<input type="radio"/> Youth Ambassador <input type="radio"/> Diocesan Media <input type="radio"/> Parish/School Group Leader <input type="radio"/> Medical Coordinator <input type="radio"/> Delegation Leader	
Clergy/Religious: (Select One)		<input type="radio"/> N/A <input type="radio"/> Deacon <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Priest <input type="radio"/> Bishop	
Special Needs: <input type="radio"/> Wheelchair Access Required		<input type="radio"/> Deaf	
<input type="radio"/> Hearing Impaired		<input type="radio"/> Limited Mobility	
<input type="radio"/> Blind/Visually Impaired (Needs more than glasses or contacts)		<input type="radio"/> Gluten Free	
Name of School or Parish:			
Sweatshirt size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large			
Name of Youth Minister:		Phone:	
<b>YOUTH ONLY REQUIRED FIELDS</b>			
Grade at time of NCYC:			
Mother/Guardian First Name:		Mother/Guardian Last Name:	
<input type="checkbox"/> Check box if address is different than child's			
Father/Guardian First Name:		Father/Guardian Last Name:	
<input type="checkbox"/> Check box if address is different than child's			

Please, note: return completed form and \$100 deposit per person to your Parish or School NCYC 2019 Group Leader by the First week of February 2019.